



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
UNITED STATES COURTHOUSE
500 PEARL STREET
NEW YORK, NEW YORK 10007-1312

08 CRIM 087

MEDICAL ATTENTION FORM

DATE: _____

DEFENDANT: _____

DOCKET #: _____

**TO THE WARDENS OF THE METROPOLITAN CORRECTIONAL CENTER,
THE METROPOLITAN DETENTION CENTER,
OR ANY OTHER DETENTION FACILITY:**

The above-named defendant has been remanded in lieu of bail at the time of his/her presentment before this Court. At that time, the following information requiring medical attention for the defendant was disclosed:

*On 1/24/08, during that entire
time of confinement by 2004,
the defendant from before
the court, I want to
state that the
defendant is not
in good health.*

[Signature]

United States Magistrate Judge